

UNITED STATES OF AMERICA  
BEFORE THE NATIONAL LABOR RELATIONS BOARD  
REGION 10

AMERICAN RED CROSS, BLOOD  
SERVICES, SOUTHERN REGION  
SAVANNAH EAST COAST DISTRICT<sup>1</sup>

Employer

and

Case 10-RC-15296

UNITED STEELWORKERS OF  
AMERICA, AFL-CIO-CLC

Petitioner

REGIONAL DIRECTOR'S DECISION AND  
DIRECTION OF ELECTION

The American Red Cross is a charitable, non-profit organization chartered by Congress, and maintains its national headquarters in Washington, D.C. The American Red Cross is subdivided into two major divisions, the American Red Cross Chapter<sup>2</sup> and the American Red Cross Biomedical Services. The Petitioner, United Steelworkers of America, AFL-CIO-CLC, filed a petition with the National Labor Relations Board under Section 9(c) of the National Labor Relations Act seeking to represent a unit within the biomedical services division consisting of all collection technicians I and II, collection specialists I and II, and mobile unit assistants I and II employed at the Savannah, Georgia facility, but

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<sup>1</sup> The name of the Employer appears as amended at the hearing.

<sup>2</sup> The American Red Cross Chapter, which is not at issue in this matter, provides disaster relief to individuals throughout the country during natural disasters and other national emergencies.

excluding all office employees, hospital staff employees, administrative employees, recruiters, guards and supervisors as defined by the Act.<sup>3</sup> A hearing officer of the Board held a hearing and both the Employer and Petitioner filed briefs with me.

As evidenced at the hearing and in the briefs, there are three issues herein: (1) whether the Savannah facility is a “health care institution” within the meaning of Section 2(14) of the Act, necessitating the application of the “disparity of interest” test for unit determinations as contended by the Employer;<sup>4</sup> (2) whether the scope of the appropriate unit should be expanded to include these additional blood collection facilities: one located in Valdosta, Georgia, one located in Jacksonville, Florida and one located in Daytona Beach, Florida; and (3) whether the composition of the unit should be limited to only blood collection employees at the Savannah, Georgia facility. The Petitioner contends that the petitioned-for unit is an appropriate bargaining unit, while the Employer submits that any unit must include additional job classifications in essentially a wall-to-wall unit comprised of all non-supervisory, non-professional employees located at the four facilities. The blood collection unit sought by the Petitioner consists of approximately 25 employees, while the expanded unit urged by the Employer would consist of over 100 employees. The additional employees sought by the Employer include the following job classifications at the four locations: 28 blood collection employees employed at Valdosta, Jacksonville and Daytona Beach; six administrative assistants; ten donor recruitment representatives, 23 telerecruiters; three stock inventory assistants; one biomedical equipment technician; three hospital services

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<sup>3</sup> The unit sought reflects the Petitioner’s amendment at hearing. For purposes of this Decision, the included job classifications in the amended petition shall be collectively referred to as “blood collection employees.”

<sup>4</sup> At the hearing the Employer raised only scope and composition as issues in this matter. The Section 2(14) issue was raised for the first time in its brief.

technicians; two customer service representatives; three schedulers, and two education coordinators.

I have considered the evidence and the arguments presented by the parties on each of the three issues. As discussed below, I have concluded that the Employer has failed to establish that the Savannah office of the Red Cross Blood Services Division is a health care institution within the meaning of Section 2(14) of the Act. Assuming, in the alternative, that the petitioned-for Savannah facility is a healthcare institution and/or that the Employer is considered a Section 2(14) employer, I have applied a “pragmatic or empirical” community of interest analysis rather than a “disparity of interests” test in determining the proper scope and composition of the bargaining unit. See, Park Manor Care Center, Inc., 305 NLRB 872 (1991). I have also concluded that the Employer’s operations are not so functionally integrated as to require a finding that the petitioned-for unit must be expanded to include the Valdosta, Jacksonville, and Daytona Beach facilities. Finally, I have determined that a unit limited to the blood collection employees and the stock inventory assistant employed at the Savannah, Georgia, facility represents an appropriate bargaining unit under Section 9(c) of the Act utilizing community of interest factors both in non-health care and a healthcare context. Based on the record, I have been unable to determine, whether the biomedical equipment technician, scheduler, and customer service representatives at the Savannah location share a substantial community of interest with the blood collection employees, and shall therefore permit these employees to vote in the election subject to challenge. Accordingly, I have directed an election in the petitioned-for unit that consists of approximately 26 employees.

To provide a context for my discussion of these issues, I will first provide an overview of the Employer's operations. I will then present in detail the facts and reasoning that support each of my conclusions on the issues.

## **I. OVERVIEW OF THE EMPLOYER'S OPERATIONS**

The Employer's Biomedical Services collects and distributes blood and blood products throughout the country, through its Blood Services Division. The Employer's Blood Services Division collects approximately 60% of the nation's blood supply, and is thus the nation's largest supplier of blood and blood products.

The Southern Region of the Blood Services Division is one of thirty-six regions throughout the nation and is responsible for overseeing blood collections in Georgia and parts of Florida and South Carolina. The Southern Region is comprised of five districts: the Metro District (Atlanta); the Macon District; the Valdosta District; the Athens District and the Savannah East Coast District, which, along with Valdosta, is the district at issue herein. The Savannah East Coast District is comprised of the Savannah office and the Jacksonville and Daytona Beach facilities. The Savannah office, the single location sought by the Petitioner, occupies three separate buildings: the donor collection center at 25 Tibet Avenue, the old donor center located at 422 Haversham Street, and a warehouse.

The collection technicians, collection specialists and mobile unit assistants accomplish the actual collection of blood. These employees are responsible for performing all aspects of the blood collection process including registering donors, performing health histories and physicals for the donors, preparing blood bags, and drawing blood. The blood

collection employees in the Savannah office, by and large<sup>5</sup>, do not share any offices with other employees. They perform substantially all of their duties at the Tibet Street donor center and mobile blood drive locations out in the field.

The Savannah office<sup>6</sup> collects blood both at its blood donor center on Tibet Street and through mobile blood drives conducted throughout the greater Savannah area. The blood collection teams are typically staffed with a team supervisor and four blood collection employees. Although the blood collection employees are usually assigned either to the donor center or a mobile drive team, the record reflects some interchange between mobile and donor center blood collection employees.<sup>7</sup>

The East Coast District performs two broad types of blood collection procedures: alogeneic and therapeutic. An alogeneic procedure involves drawing blood from a donor that is subsequently distributed to third parties, i.e. hospitals and other blood recipients. The East Coast District performed 22,565 alogeneic (whole blood) procedures between January and June of 2002. In addition to whole blood procedures, the Employer, during the same time period, performed 195 autologous collections (i.e. donor receives his own blood during a subsequent procedure); 1,756 apheresis collections (i.e. donor's blood is separated into components, retaining those that are desired [such as platelets] for transfusions, and returning the rest to the donor); and 164 therapeutic apheresis collections (i.e. donor's blood is

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<sup>5</sup> The Employer provides a small office for one collection technician at both the Savannah and Daytona locations so that they can perform therapeutic draws.

<sup>6</sup> The general procedures and tasks performed by blood collection employees are virtually identical at all four locations.

<sup>7</sup> The Employer submitted Employer's Exhibit 5, a chart purporting to show significant interchange of mobile and fixed location employees. While some evidence of interchange exists, it should be noted that one employee accounts for almost 50% of the work performed by mobile employees at the Savannah donor center. Moreover, Exhibit 5 fails to identify the listed employees by home location.

separated and diseased or unwanted components are removed and the rest is returned to the donor).

The blood collection process is highly regulated by both the FDA and the Red Cross. Examples of regulated tasks include performing a phlebotomy (sticking the needle and drawing blood) or conducting a donor health history interview. The collection employees must be “signed off” on a regulated procedure in order to perform the task. Only “signed off” employees may perform regulated tasks associated with blood collection.

In the Savannah office, Tammy Grosse directly supervises the blood collection employees. Denise Bewley serves as the blood collection manager for the Daytona Beach and Jacksonville, Florida facilities. Tina Johnston supervises the blood collection employees in Valdosta, Georgia.<sup>8</sup>

Those classifications identified in the wall-to-wall unit urged by the Employer basically perform support functions to the blood collection employees, thus facilitating the procurement and storage of drawn blood. Unless noted otherwise, Eastern District Manager Jason Ferrell and Valdosta District Manager Kathy Dallas directly supervise the following support job classifications.

Administrative assistants<sup>9</sup> perform the payroll function and prepare work schedules for the blood collection employees. Administrative assistants are not qualified to perform regulated tasks related to drawing blood.

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<sup>8</sup> The parties stipulated, and on the record I find, that the twenty-six “team supervisors” at all locations are supervisors within the meaning of Section 2(11) of the Act.

<sup>9</sup> There are three administrative assistants located in Savannah, two in Valdosta, and one in Daytona.

Donor recruitment representatives<sup>10</sup> are primarily responsible for scheduling blood drives at businesses, churches, and other organizations within the Savannah, Georgia, area. In essence, the recruitment representatives set up the blood drives and serve as a liaison between the Employer and the sponsor/donor base in order to provide quality customer service. Donor recruitment representatives spend a large portion of their time on the telephone with donor organizations in planning for blood drives. Apparently, only some of these employees are qualified to perform one (1) regulated task relating to “bag preparation.”

The telerecruiters,<sup>11</sup> like the donor recruitment representatives, spend a significant amount of their time on the telephone. Telerecruiters contact blood donors and solicit attendance at scheduled blood drives. These employees also contact previous donors and solicit repeat donations. Telerecruiters average approximately 50 calls a shift. Telerecruiters are not qualified to perform regulated tasks related to blood drawing. In the Savannah office, Nancy McDonald directly supervises these employees.

The stock inventory assistants<sup>12</sup> ensure that supplies are available and packed for blood drives. In the Savannah office, the stock inventory assistant works with blood collection employees in performing “prep” work prior to a blood drive and assists in the post-drive breakdown work required in preparing for the next blood drive. In addition to blood drive work, this employee also provides the Savannah Donor Center with necessary equipment and supplies. The stock inventory assistant is signed off on two or three regulated

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<sup>10</sup> There are five donor representatives located in Savannah, two in Valdosta, and three between Jacksonville and Daytona.

<sup>11</sup> There are 20 and three telerecruiters located in Savannah and Valdosta, respectively.

<sup>12</sup> There is one stock inventory assistant at each of the Savannah, Daytona Beach and Valdosta facilities.

procedures, but none relating to the actual physical drawing of blood. Warehouse Supervisor Hilliard Lang directly supervises the Savannah stock inventory assistant.

The biomedical equipment technician, based at the Savannah office, maintains all of the blood collection equipment for the East Coast District. In performing her duties, the technician travels between all of the offices within the East Coast District. She performs a quality control function to ensure that the equipment is properly operating. Although qualified on a number of “regulated” tasks, the record does not reflect with specificity whether her qualifications overlap with those of the blood collection employees. Michael Staph, who is based in Atlanta, Georgia, directly supervises the equipment technician.

The hospital services technicians, all located within the Savannah office, are directly supervised by Helen Mays, who is based in Atlanta, Georgia. The hospital technicians currently maintain a refrigerated blood storage facility located at 422 Haversham in Savannah, the old donor location. The entire blood supply of the East Coast District is stored at this facility.

The education coordinators, one each at the Savannah and Valdosta facilities, train newly hired blood collection employees during a three-week program conducted at the Valdosta facility. It is not clear from the record what other training, if any, the education coordinators provide in addition to orientation training for new employees.

Finally, the record is silent as to the job functions and duties of the schedulers<sup>13</sup> and the two customer service representatives. However, the record does establish that the

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<sup>13</sup> There is one scheduler each at the Savannah, Daytona, and Valdosta facilities.



customer service representatives work in the donor center at 25 Tibet Avenue in Savannah.

## 1. THE SECTION 2(14) ISSUE

### a). The Savannah Facility Is Not A Section 2(14) Health Care Institution

An organization that regularly provides patient care is a health care institution within the meaning of Section 2(14) of the Act. The Act broadly states that an employer is a health care institution where it is “devoted to the care of sick . . . persons.” The Board has typically held that blood banks are not devoted to the care of sick persons when they only draw blood to distribute other individuals since the activity does not involve patient care. However, in Syracuse Region Blood Center, 302 NLRB 72 (1991), a limited exception to the general rule was fashioned where there is a finding that the blood bank regularly performed “therapeutic procedures.”

Citing Syracuse, the Employer argues that blood banks that perform such procedures are to be considered health care institutions even where these procedures constitute a relatively insignificant aspect of the blood bank’s business.<sup>14</sup> Thus, the Employer contends that it performs enough therapeutic procedures relative to its total business (i.e. greater than .6% of business) to establish that the East Coast District is a health care institution under the Act.

Given the record evidence in this case, the Employer’ reliance on Syracuse is misplaced. Assuming that the Employer’s .4% threshold is valid, the record fails to provide any statistical breakdown of the number of therapeutic procedures to total procedures

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<sup>14</sup> Contrary to the Employer’s suggestion in brief, the Board did not set an explicit numerical threshold of .4% therapeutic procedures to total collections to establish that a blood bank is a health care institution.

performed at the Savannah office, the location sought by the Petitioner. Considering my finding that a single-unit limited to the Savannah office is appropriate, such a breakdown would be required to determine if the threshold was satisfied at the Savannah location so as to qualify it as a health care facility. Since the record does not provide any substantial evidence that the Savannah office is engaged in “patient care”, I find that the Savannah facility is not a Section 2(14) health care institution. A finding that the Employer, the East Coast District, is a 2(14) health care institution is not necessarily dispositive of the Savannah blood collection employees being Section 2(14) health care employees. In Oklahoma Blood Institute, 265 NLRB 1524 (1982), cited by the Board majority in Syracuse, the Board found it unnecessary to determine the employer’s status as a 2(14) health care institution at all of its locations but rather focused on whether the location sought by the petitioner constituted a health care institution.

In any event, my finding on this issue does not, as a practical matter, have any real impact on my ultimate decision regarding the appropriate unit, given the discussion, infra.

b). A Disparity of Interests Test Is Not Applicable To Non-Acute Care Facilities

Even assuming that the Employer and the Savannah facility are considered to be Section 2(14) healthcare institutions, the disparity of interests test does not, as contended by the Employer, apply to the instant matter. In Syracuse, the Board specifically stated that, because the validity of the Board’s rule-making governing health care unit determinations had not yet survived Court scrutiny, it would continue to apply the “disparity of interests” standard until this issue had been finally adjudicated. Syracuse, supra at fn. 12. Subsequently, the Supreme Court approved the Board’s rule-making. In acute-care facilities, the Board now applies the eight-unit standard established during the rulemaking procedure.

In non-acute care facilities, as would be the case even assuming this Employer's 2(14) status, the Board adopted a "pragmatic or empirical community of interests approach." Park Manor Care Center, Inc., supra at fn. 16. This approach is characterized by a four-prong test:

Under [the] test, the Board considers community-of-interest factors, as well as those factors considered relevant by the Board in its rulemaking proceedings on Collective Bargaining Units in the *Health Care Industry*, 284 NLRB 1528 (1988), and 284 NLRB 1580 (1989), the evidence presented during rulemaking with respect to units in acute care hospitals, and prior cases involving either the type of unit sought or the type of health care facility in dispute. Lifeline Mobile Medics, Inc., 308 NLRB 1068 (1992)

In the instant case, the second and third prongs of the test do not apply, as the Board did not consider blood bank facilities and blood bank units during the rulemaking process. Therefore, I shall apply a standard community of interest test, coupled with a consideration of the evidence presented in pre-rulemaking blood bank cases, prongs one and four of the Park Manor test, in determining the appropriate scope and composition of the unit at issue herein. In other words, the issue now becomes: Assuming the Employer is a non-acute health care institution, does a separate unit of only blood collection employees at only one of its facilities satisfy the "pragmatic or empirical community of interest" test of Park Manor, supra?

## 2. THE SCOPE OF THE UNIT

At the outset, it must be noted that there is nothing in the statute that requires that the unit for bargaining sought by the Petitioner is the only appropriate unit, or the ultimate unit, or the most appropriate unit. The Act requires only that the unit be an appropriate one. Taylor Bros., Inc., 230 NLRB 861, 869 (1977). Thus, the question to be decided herein is whether the blood collection employees sought by the Petitioner, is an

appropriate unit under the Act. Where, as here, the union seeks a single location unit, the factors to be considered in reaching a unit determination include past bargaining history; the extent of interchange of employees; the work contacts existing among the groups of employees; the extent of functional integration of operations; the differences, if any, in the equipment or in the skills or types of work required; the centralization or lack thereof of management and supervision, particularly in regard to labor relations, the power to hire, fire, or affect other terms and conditions of employment; and the physical and geographical location in relation to other facilities. Waste Management of Washington, Inc., 331 NLRB No. 51(2000); New Britain Transportation Co., 330 NLRB No. 57 (1999); Novato Disposal Services, I., 328 NLRB No. 118 (1999); Courier Dispatch Group, Inc., 311 NLRB 728 (1993); Esco Corp., 298 NLRB 837 (1990); Dayton Transport Corp., 270 NLRB 1114 (1984). A single facility unit is presumptively appropriate unless the employees at the requested location have been merged into a more comprehensive unit by bargaining history, or have been so integrated with the employees in other facilities as to cause their single-facility unit to lose its separate identity.

The “single-facility” presumption has also been extended to the health care industry. The Board has consistently held that a single-facility healthcare unit is presumptively appropriate, when that facility is separate and distinct from other facilities and is operated independently on a day-to-day basis. Visiting Nurses Association, 324 NLRB 55 (1997);

Manor Healthcare Corp., 285 NLRB 224 (1987). The burden of rebutting the presumption rests here on the Employer, the party requesting the multi-location unit.<sup>15</sup>

Initially, I note some areas of commonality among the four facilities that the Employer contends must be included in any unit found appropriate. The Employer exercises central control over personnel and labor relations policies at all facilities located within the Southern Region. Thus, the Employer's Human Resources Director for the Southern Region, through the Employer's Handbook, establishes all personnel and labor relations policies for all four locations at issue, including the same leave policy, holiday pay policy, code of conduct, safety and health policy, overtime policy, and termination policy. The same hourly wage rates, within certain pay bands, and job classifications are used at each of the four locations. The duties of each job classification are essentially the same at each location. Employees at all four locations also apparently enjoy the same centrally established fringe benefits.

I now turn to the evidence offered by the Employer to rebut the presumption that a single-facility unit is appropriate. Each factor considered by the Board is discussed below seriatim.<sup>16</sup>

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<sup>15</sup> The Employer suggests in brief that granting a fragmented bargaining unit limited only to blood collection employees at a single facility would violate the statutory admonition against proliferation of bargaining units in the health care industry. While I am mindful of such considerations, this record fails to demonstrate that granting the petitioned-for unit would in any manner threaten the kind of disruptions to "continuity of patient care" that Congress sought to prevent when it expressed concern about proliferation. Such evidence, lacking in this record, is necessary to overcome the single-unit presumption. See, Mercywood Health Building, 287 NLRB 1114 (1988); Park Manor and Manor Healthcare, *supra*.

<sup>16</sup> Since these factors are applicable in both a non-healthcare and healthcare context, I would reach the same conclusion on the scope of the unit regardless of the Employer's status. Accordingly, I have analyzed these facts in both contexts in reaching my determination herein.

a). Bargaining History

The Employer contends that the bargaining history supports a wall-to-wall unit of all non-professional employees that work at the four facilities. In this regard, the Employer cites evidence that the parties herein are currently signatories to a collective bargaining agreement that covers employees working at multiple locations, including Atlanta, Macon, Albany and Columbus, Georgia. As noted by the Petitioner in brief, the unit described in the contract is comprised of only blood collection employees. In addition, the Employer submits that a stipulated election involving a different union, involving a multi-location/wall-to-wall unit, was conducted in 1997.

Generally, the Board is not bound by a collective bargaining history resulting from a consent election conducted pursuant to a unit stipulated by the parties rather than one determined by the Board. In addition, the bargaining history or pattern at the Employer's other District blood banks is not dispositive of the issues presented herein. To the extent one would consider bargaining history, I find that, on balance, the history over the years involving this Employer and various unions favors a finding that a single-unit, comprised of only blood collection employees, is an appropriate unit for purposes of collective bargaining.<sup>17</sup>

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<sup>17</sup> For example, in Case 10-RC-13688, of which I take official notice, a certification of the Aluminum, Brick and Glass Workers International Union, AFL-CIO-CLC to represent the

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Employer's blood collection employees in a single unit located at the Employer's Monroe Drive facility in Atlanta, Georgia, was issued.

b). Interchange/Work Contact of Employees Among Locations

The lack of interchange and infrequent daily work contacts among employees at the four facilities militates in favor of a single-unit limited to Savannah. Contrary to the Employer's assertion in brief, the record does not demonstrate that the employees at all four locations have significant (i.e. daily or frequent) work contact. Admittedly, all employees at the Savannah, Jacksonville and Daytona Beach offices are required to attend a district staff meeting held quarterly in Jacksonville, Florida. In addition, all employees in the East Coast District participate in a monthly telephone conference call. Finally, the blood collection employees and donor representatives participate in a weekly telephone conference to discuss production issues. The record does not reflect whether the Valdosta District employees attend these meetings, although presumably those employees attend their own district meetings.

In addition to attending the quarterly meetings, all employees receive the same training. All blood collection employees undergo orientation at the particular facility at which they were hired. Following orientation, all new collections employees in the East Coast District are required to undergo a three week training program in Valdosta. Recruitment employees attend a training session with District Manager Ferrell following their orientation; however, it is unclear from the record whether the three telerecruiters from Valdosta also attend training by Ferrell.

Ferrell testified regarding interaction and interchange among personnel at the four locations at issue herein. Ferrell's testimony was lacking in specificity regarding this issue.

For example, when asked how often blood collection employees have contact with telerecruiters, Ferrell stated they have “regular interaction” and “interact . . . a lot of times with questions.” When asked by the hearing officer how many times in the last month a Savannah office blood collection team had gone to locations outside the immediate Savannah area, Ferrell stated that he did not have the schedules but would estimate anywhere from ten to five times.<sup>18</sup> When asked about temporary interchange between blood collection employees from Jacksonville or Valdosta to Savannah, Ferrell cited one such transfer from Jacksonville and none from Valdosta. Ferrell admitted that there were no permanent transfers of blood collection employees out of or into the Savannah facility.

The only employees that have some contact with employees at both the Savannah office and the remote locations within the East Coast District are the mobile blood drive teams that travel to various blood drive sites within the district. The record indicates that most of this travel involves trips to the Brunswick, Georgia, area from the Savannah and Jacksonville facilities. Other than some fairly frequent contact between the mobile blood collection employees in Savannah and Jacksonville, the record reflects minimal contact among other employees. There is little, if any, evidence in the record that there is any permanent or temporary interchange or contact among the support staff employees from the four facilities, other than those contacts previously outlined. The limited contact and interchange by employees among the four facilities militates against a finding that only a multi-location unit would be appropriate.

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<sup>18</sup> Ferrell admitted that documentary evidence showing actual trips outside the Savannah area was easily obtainable from the Employer’s records. The Employer failed to submit such documentation.



c). Functional Integration of Operations

To the extent that all personnel are devoted to the procurement and distribution of blood products, one might conclude that the Employer's operations are "functionally integrated." However, to the extent that the Employer's operation may arguably be deemed "integrated," such integration does not give rise to the close coordination of employee tasks and extensive employee contact indigenous to truly integrated operations. There is, in the instant case, no close coordination of employee tasks and no extensive employee contact. Each facility has its own customer base and maintains different blood collection centers. Blood collection employees attend blood drives in their own area, and they have separate local supervision. Blood collection employees in Savannah can, and do, perform blood collection tasks without depending on their counterparts or support staff employees from the other facilities. There is little specific evidence of interchange of employees among the Savannah office and the other facilities or between the other facilities in Florida and Valdosta. The only employees that have fairly regular work contact with employees at both the Savannah office and the other facilities are the mobile blood collection employees employed in Savannah and Jacksonville. Such limited contacts are insufficient to forge a single unit out of the Savannah facility with the Jacksonville, Daytona and Valdosta facilities. In light of the above, and the fact that no labor organization seeks to represent the employees on a broader basis, I find that the Employer has not, based on a functional integration argument, rebutted the presumptive appropriateness of the single-facility unit as requested by Petitioner. Visiting Nurses Association, *supra*; Purnell's Pride, Inc., 252 NLRB 110, 114 (1980).

d). Commonality of Equipment and Job Skills

Clearly, all blood collection employees, at all four locations, employ similar equipment and share common job skills.<sup>19</sup> Equally clear is that none of the support staff employees share common equipment with blood collection employees. The support staff employees do not have the necessary skills and training to actually collect and process blood. In short, the record fails to establish any significant similarity of job skills and functions between the employees in the unit sought by the Petitioner and other groups of employees that the Employer seeks to include. The lack of commonality of job skills between the blood collection employees and the support staff employees suggests that a single-unit facility limited to the blood collection employees (see infra at 3) at the Savannah office location is appropriate for purposes of collective bargaining.

e). Central Management and Supervision:

Notwithstanding centralized control over personnel and labor relations policies, it appears that separate management staffs at each of the four facilities play an important and significant role in the performance of day-to-day labor relations functions.

District Manager Ferrell testified that the overall hiring process for all of the Employer's facilities is established centrally at headquarters for the Southern Region.

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19 The use of common equipment and employment of similar job skills between blood collection employees at the four disputed locations does not overcome the other factors discussed in the Decision that indicate that a single-facility unit is appropriate.

However, the manager at each facility evidently makes the initial hiring decisions for employees, subject to approval from Ferrell. Although not clear from the record, one would assume that the hiring decisions in the Valdosta District operate in a similar fashion to the East Coast District, where hiring decisions are made by Mr. Ferrell's counterpart, Kathy Dallas. Further, although Ferrell is involved in every termination decision, the initial decision to terminate an employee is apparently made by local management at each facility. Disciplinary actions are the primary responsibility of local management, in the first instance. Ferrell testified that of the three or four written warnings that team supervisors issued to employees, he "substantially supported" the disciplinary action. Thus, the local managers, identified, supra, in Section I of this decision, have the same authority to initiate discipline against employees under their supervision. Local managers also make decisions on job and shift assignments. Accordingly, this is not a situation in which the 100 plus employees at all four facilities are subject to common daily supervision. See Waste Management, supra, and Novato Disposal, supra. Rather, it is apparent from the record that local management at each facility plays an important and significant role in the performance of day-to-day labor relations functions. Centralized control over personnel and labor relations is not sufficient to rebut the single-location presumption where the evidence shows a significant degree of local autonomy over daily labor relations. See New Britain Transportation, supra. See also Carter Hawley Stores, 273 NLRB 621, 634 (1984).

f). Geographical Location of the Facilities:

There is significant geographical separation between the Savannah office and the Valdosta, Jacksonville, and Daytona Beach blood donor centers. The distances from the Savannah location to the other facilities vary from approximately 125 to 225 miles, and militate against a finding that the employees located in Valdosta, Jacksonville and Daytona Beach must be included in a bargaining unit with the Savannah employees.

Considering the foregoing, the Employer has failed to show significant interaction or interchange in the work force involved at the four facilities. See New Britain Transportation, supra. The interaction and interchange among employees is neither frequent, nor does it involve a significant number of unit employees. See Dayton Transport, supra; see also Coca-Cola Bottling Co., of Buffalo, Inc., 325 NLRB 312 (1998). Accordingly, I am not persuaded that the limited degree of employee contact and interchange established by this record warrants a finding that the presumed community of interest enjoyed by the Savannah employees has been merged with that of employees at the other three facilities.

Weighing all of the factors, including the geographic distance among the facilities, lack of a definitive bargaining history, and the fact that no labor organization seeks to represent the employees on a broader basis, I find that the Employer has not rebutted the single-unit presumption. In reaching this conclusion, I am not unmindful that some factors relied upon by the Employer favor the broader unit. On balance, however, the record fails to sufficiently establish that the Savannah office has been effectively merged with the other three facilities, or that the Savannah unit has lost its separate identity. Accordingly, I conclude that a single location unit confined to the blood collection employees (see infra at 3) at the Savannah facility is appropriate for purposes of collective bargaining.

### 3. THE COMPOSITION OF THE UNIT

Having determined that the scope of the unit is properly limited to the Savannah office of the East Coast District, I now consider whether the composition of the unit should

be limited to the Savannah blood collection employees sought by the Petitioner, or must include the additional Savannah job classifications urged by the Employer.

The Savannah office, inclusive of the 25 blood collection employees, employs approximately 56 non-professional, non-supervisory employees in the various job classifications delineated supra. The major factors in determining whether employees share a community of interest warranting their inclusion within a particular bargaining unit are similar to those factors considered in determining the proper scope of the unit. Thus, the Board has considered the following factors when determining a bargaining unit's proper composition: 1) the degree of functional integration among employees, 2) common supervision, 3) the nature of employee skills and functions, 4) interchangeability and contact among employees, 4) work situs, and 5) common working conditions and fringe benefits. In addition to these traditional "community of interest" considerations, for purposes of my alternative analysis that assumes the Employer's healthcare status, I will also consider pre-rulemaking blood bank cases to determine if any guidance is provided in determining the appropriate composition of blood bank bargaining units if a Park Manor analysis is found to apply.

1.) The Traditional Community of Interest Test<sup>20</sup>

As noted in Section 2 of this Decision, all Savannah blood collection and support staff employees share certain common benefits and are subject to common personnel policies. Again, the Employer exercises central control over personnel and labor relations policies at the Savannah office. All personnel and labor relations policies for all employees at Savannah are established at the Employer's Atlanta headquarters for the Southern Region. Employees' at the Savannah facility enjoy the same centrally set fringe benefits, and have access to a common break room located at the donor center at Tibet Street. Both the Savannah blood collection and Savannah support staff employee job classifications are discussed below.

a). Blood Collection Employees

Clearly, the blood collection employees, in the unit sought by the Petitioner, applying the foregoing unit composition factors, constitute a separate and distinct homogenous grouping. Thus, blood collection employees share common supervision (Tammy Grosse); exercise virtually the same job skills and functions in the drawing and collection of blood; are functionally integrated to the extent that they assist one another on blood drives, as necessary; have frequent contact among themselves while assisting on blood drives; and share common working conditions and benefits.

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<sup>20</sup> As with my analysis on the scope of the unit, supra, I have simultaneously applied this community of interest test to both my initial finding that neither the Employer nor the Savannah facility is a healthcare institution, and in the alternative, under the assumption that both are Section 2(14) organizations. Under either determination, the Savannah blood collection employees remain an appropriate bargaining unit.

b). Administrative Assistant

As noted above, the administrative assistant is directly supervised by District Manager Ferrell, and apparently performs a payroll function for the Savannah office. The record does not reflect any substantial contact with the Savannah blood collection employees, nor does the administrative assistant actively participate in the blood collection process.

Accordingly, I find that the Administrative Assistant does not share a substantial community of interest with the blood collection employees, and shall exclude this classification from the unit.

c). Donor Recruitment Representatives

The donor recruitment representatives are primarily responsible for scheduling blood drives at businesses, churches, and other organizations within the Savannah, Georgia, area. In essence, the recruitment representatives set up the blood drives and serve as a liaison between the Employer and the sponsor/donor base in order to provide quality customer service. Donor recruitment representatives spend a large portion of their time on the telephone with donor organizations in planning for blood drives. Apparently, only some of these employees are qualified to perform one (1) regulated task relating to “bag preparation.” The recruitment representatives are required to attend the beginning of a blood drive away from the donor center in Savannah, in order to ensure that drive is properly organized and that the process runs smoothly. The record does not reflect if donor recruitment representatives typically remain for the duration of the blood drive, or merely “make an appearance.” Thus, while there is evidence that the blood collection employees have limited contact with the donor representatives during their workday, it is not apparent that this contact is in any way sustained or meaningful in the context of the blood drawing process.

Based on the minimal contact that the donor recruitment representatives have with the blood collection employees, their separate supervision, their largely separate and distinct work location and working conditions, and the lack of interchange of work duties, I find that the donor recruitment employees do not share a substantial community of interest with the blood collection employees. Accordingly, I shall exclude them from the unit found appropriate herein.

d). Telerecruiters

The telerecruiters, as previously noted, spend a significant amount of their time on the telephone. Telerecruiters contact blood donors and solicit attendance at scheduled blood drives. These employees also contact donors to solicit repeat donations. Telerecruiters average approximately 50 calls a shift. Telerecruiters are not qualified to perform regulated tasks related to blood drawing, and thus do not share similar job skills and duties with the unit employees. In the Savannah office, Nancy McDonald directly supervises these employees. The record fails to demonstrate with specificity whether the telerecruiters have significant work contact with the blood collection employees.

Based on the minimal contact that the telerecruiters have with the blood collection employees, their separate supervision, their largely separate and distinct work location and working conditions, and the lack of interchange of work duties, I find that the telerecruiters do not share a substantial community of interest with the blood collection employees. Accordingly, I shall exclude them from the bargaining unit.

e). Stock Inventory Assistant

The evidence shows that the Stock Inventory Assistant has substantial contact and shares similar working conditions with the blood collection employees. As noted above,



the stock inventory assistant works closely with blood collection employees in performing “prep” work prior to a blood drive and assists in the post-drive breakdown work required in preparing for the next blood drive. In addition to blood drive work, this employee also provides the Savannah Donor Center with necessary equipment and supplies. While cognizant of the stock assistant’s separate, immediate supervision from the blood collection employees, I do not find this factor to be enough to overcome his regular and substantial daily contact with the unit employees. Accordingly, I find the Stock Inventory Assistant shares a substantial community of interest with the unit employees, and is properly included in the Savannah bargaining unit.

f). Biomedical Equipment Technician

The biomedical equipment technician, based at the Savannah office, maintains all of the blood collection equipment for the East Coast District. In performing her duties, the technician travels among all of the offices within the East Coast District, and performs a quality control function in assuring that the equipment is properly operating. Although qualified on a number of “regulated” tasks, the record does not reflect with specificity whether her qualifications overlap with those of the blood collection employees. The record does not reflect with specificity whether the biomedical equipment technician regularly interacts with blood collection employees in performing her duties. For example, the biomedical equipment technician spends an unspecified amount of time on the road auditing blood collection equipment. What contact, if any, the technician has with blood collection employees during the auditing process would be mere speculation.

Based on this record, I am unable to determine the degree and sufficiency of contact that the biomedical equipment technician has with the blood collection employees.

Accordingly, I shall permit the employee in this job classification to vote subject to challenge.

g). Hospital Services Technicians

As previously outlined, the hospital services technicians, all located within the Savannah office, are directly supervised by Helen Mays, who is based in Atlanta, Georgia. The hospital technicians currently maintain a refrigerated blood storage facility located at the old donor facility. The record does not reflect that the blood storage facility employees have any meaningful or sustained work contact with the blood collection employees.

Based on the minimal contact that the blood storage facility employees have with the unit employees, their separate supervision, their largely separate and distinct work location and working conditions, and the lack of interchange of work duties, I find that the hospital services technicians do not share a substantial community of interest with the blood collection employees. Accordingly, I shall exclude them from the bargaining unit.

h). Education Coordinator

The education coordinator at the Savannah facility trains newly hired blood collection employees. It is not clear from the record what role the Savannah education coordinator currently plays in the Valdosta training/audit protocol. District Manager Ferrell testified that the Savannah coordinator “is really kind of taking over the southern area, because the region is too large for one person to do it all,” thereby implying that the Savannah education coordinator currently is not performing training/audit functions on a widespread basis. Finally, the record fails to detail with any specificity exactly what role the education coordinator plays in training blood collection employees at the Savannah facility.

Based on the apparent sporadic, minimal contact that the educational coordinator has with the blood collection employees, his largely separate and distinct working conditions, and the lack of interchange of work duties, I find that the education coordinator does not share a substantial community of interest with the blood collection employees. Accordingly, I shall exclude him from the bargaining unit.

i). Scheduler and Customer Service representatives

As previously noted (Section I, above), the record does not contain sufficient evidence to determine what, if any, community of interest these Savannah employees share with the blood collection employees. As I am unable to make a determination on the record, I shall permit these three employees to vote subject to challenge.

2). Pre-Rulemaking Decisions in Blood Bank Cases

Having analyzed the composition of the unit under a traditional community of interest standard, I now turn, assuming the Employer's health care status, to a consideration of the prior cases involving blood banks, the fourth prong of the Park Manor test, supra. A review of blood bank cases demonstrates that the Board has approved bargaining units limited in composition as opposed to requiring wall-to-wall units. For example, in Sacramento Medical Foundation Blood Bank, 220 NLRB 904 (1975), the Board found a unit confined to "all professional medical laboratory technologists" but excluding all other employees appropriate for purposes of collective bargaining. In Sacramento, similar to the Employer herein, the employer recruited donors, drew and processed blood, and distributed blood to hospitals daily.

In Greene County Chapter American Red Cross, 221 NLRB 776 (1975), a bargaining unit limited to "blood dispatchers" and excluding all other employees was approved by the

Board. In finding that the dispatchers did not share a community of interest with the nurses, the Board considered traditional community of interest factors.<sup>21</sup>

Clearly, a review of blood bank/medical facility cases, both pre- and post-rulemaking, reveals that traditional community of interest factors play a significant role in determining the appropriate composition of a requested bargaining unit. Thus, my determinations regarding the composition of the bargaining unit requested herein are consistent with the “empirical community of interest test” enunciated by the Board in Park Manor, supra.

## **II. CONCLUSIONS AND FINDINGS**

Based upon the entire record in this matter and in accordance with the discussion above, I conclude and find as follows:

1. The hearing officer’s rulings made at the hearing are free from prejudicial error and are hereby affirmed.
2. The Employer is engaged in commerce within the meaning of the Act and it will effectuate the purposes of the Act to assert jurisdiction in this case.
3. The Petitioner is a labor organization within the meaning of Section 2(5) of the Act and claims to represent certain employees of the Employer employed at the Employer’s facility located at Savannah, Georgia.
4. A question affecting commerce exists concerning the representation of certain employees of the Employer within the meaning of Section 9(c)(1) and Section 2(6) and (7) of the Act.

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<sup>21</sup> The job functions and duties of dispatchers in Greene County bear a striking similarity to the job functions and duties of the blood collection employees in the instant case.

5. The following employees of the Employer constitute a unit appropriate for the purpose of collective bargaining within the meaning of Section 9(b) of the Act.

All collection technicians I and II, collection specialists I and II, mobile unit assistants I and II, and stock inventory assistant employed at the Savannah, Georgia facility, but excluding all office employees, hospital staff employees, administrative employees, donor recruitment representatives, telerecruiters guards and supervisors as defined by the Act.

### **III. DIRECTION OF ELECTION**

The National Labor Relations Board will conduct a secret ballot election among the employees in the unit found appropriate above. The employees will vote whether or not they wish to be represented for purposes of collective bargaining by United Steelworkers of America, AFL-CIO-CLC. The date, time, and place of the election will be specified in the notice of election that the Board's Regional Office will issue subsequent to this Decision.

#### **A. Voting Eligibility**

Eligible to vote in the election are those in the unit who are employed during the payroll period ending immediately before the date of this Decision, including employees who did not work during that period because they were ill, on vacation, or temporarily laid off. Also eligible are employees engaged in an economic strike that began less than 12 months before the election date and who retained their status as such during the eligibility period and the replacements of those economic strikers. Unit employees in the military services of the United States may vote if they appear in person at the polls. Ineligible to vote are (1) employees who have quit or been discharged for cause since the designated payroll period; (2) striking employees who have been discharged for cause since the strike began; and who have not been rehired or reinstated before the election date; and (3) employees who are

engaged in an economic strike that began more than 12 months before the election date and who have been permanently replaced.

**B. Employer to Submit List of Eligible Voter**

To ensure that all eligible voters may have the opportunity to be informed of the issues in the exercise of their statutory right to vote, all parties to the election should have access to a list of voters and their addresses, which may be used to communicate with them. Excelsior Underwear Inc., 156 NLRB 1236 (1966); NLRB v. Wyman-Gordon Company, 394 U.S. 759 (1969). Accordingly it is hereby directed that within seven (7) days of the date of this Decision, the Employer must submit to the Regional Office an election eligibility list, containing the full names and addresses of all the eligible voters. North Macon Health Care Facility, 315 NLRB 359, 361 (1994). This list must be of sufficiently large type to be clearly legible. To speed both preliminary checking and the voting process, the names on the list should be alphabetized (overall or by department, etc.). Upon receipt of the list, I will make it available to all parties to the election.

To be timely filed, the list must be received in the Regional Office, Suite 1000, Harris Tower, 233 Peachtree Street, N.E., Atlanta, Georgia 30303, on or before **August 16, 2002**. No extension of time to file this list will be granted except in extraordinary circumstances, nor will the filing of a request for review affect the requirement to file this list. Failure to comply with this requirement will be grounds for setting aside the election whenever proper objections are filed. The list may be submitted by facsimile transmission at (404) 331-2858. Since the list will be made available to all parties to the election, please furnish a total of **two** copies, unless the list is submitted by facsimile in which case no copies need be submitted. If you have any questions, please contact the Regional Office.

### **C. Notice Posting Obligations**

According to Section 103.20 of the Board's Rules and Regulations, the Employer must post the Notices to Election provided by the Board in areas conspicuous to potential voters for a minimum of 3 working days prior to the date of the election. Failure to follow the posting requirement may result in additional litigation if proper objections to the election are filed. Section 103.20(c) requires an employer to notify the Board at least 5 full working days prior to 12:01 a.m. of the day of the election if it has not received copies of the election notice. Club Demonstration Services, 317 NLRB 349 (1995). Failure to do so estops employers from filing objections based on nonpolluting of the election notice.

### **IV. RIGHT TO REQUEST REVIEW**

Under the provisions of Section 102.67 of the Board's Rules and Regulations, a request for review of this Decision may be filed with the National Labor Relations Board, addressed to the Executive Secretary, 1099 14th Street, NW, Washington, DC 20570-0001. This request must be received by the Board in Washington by 5:00 P.M., (EST) on **August 23, 2002**. The request may **not** be filed by facsimile.

Dated at Atlanta, Georgia, on this 9th day of August 2002.

/s/ Martin M. Arlook

Martin M. Arlook, Regional Director  
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